



Date form completed ____/____/____

RECEIPT of NEW MATERIALS

INSTRUCTIONS: This side of the form should be completed upon receipt of newly ordered/purchased materials that have a CDC barcode on the container. Please indicate who the actual owner of the substance is, and where the bar coded container will be stored, i.e. Cab A, Refrigerator B, Freezer A, Flammable Cabinet B. Look for the CDC Bar Code located on the cabinet, freezer, shelf, etc. to identify the specific storage area. Due to the limitations of the current ordering system this form must be used to identify the actual owner of the chemical/hazardous material and to identify the actual room and storage location. Call the Office of Health and Safety, Environmental Program, (404) 639-4103, or (404) 639-3417 for additional information. Send the completed form to **Mail Stop A-17**

CDC Barcode Number(s) _____
(Enter number(s) from the CDC Bar Code Sticker on the container)

Owner's Name: _____ Telephone: _____
(Please Print)

Organization: _____

(Lab) (CIO) (Division) (Branch) (Section)

Bldg.: _____ Room: _____ Location: _____
(Chemical/Haz. Mat. Storage location) (Bar Code i.e. Shelf A, Cabinet B, Refrig D)

VERSION: I 03/31/98



Date form completed ____/____/____

CHEMICAL/HAZARDOUS MATERIAL CHANGE OF STATUS

INSTRUCTIONS: This form is used when there is a change in the status of a CDC bar coded chemical container. Specifically, when the container has been moved to a new location, (Examples: from a cabinet to a shelf, from a refrigerator to a freezer, from one lab to another, etc.), and/or when ownership of a container has changed. Provide information as completely as possible. The location information is derived by the bar code sticker located on each cabinet, refrigerator, freezer, etc. used for storing chemical or hazardous materials (Haz. Mat.) **NOTE:** Check the block and complete only the information necessary for the corresponding change in status. Call the Office of Health and Safety, Environmental Program, (404) 639-4103, or (404) 639-3417, for additional information. It is important to submit this Change of Status form to OHS so that this information can be updated by OHS in the LINDEN™ database. Send the completed form to **Mail Stop A-17**

**Check here when changing LOCATION**

List CDC Barcode Number(s) _____

New Location of Chemical/Hazardous Material Container

Bldg.: _____ Room: _____
(Chemical/Haz. Mat. Storage Location)

Location: _____
(Bar Code i.e. Shelf A, Cabinet B, Refrigerator D, etc.)

Telephone Number: _____

**Check here when changing OWNERSHIP**

List CDC Barcode Number(s) _____

New Owner's Name and Organization

(Name Please Print)

(CIO) (Division) (Branch) (Section/Lab)

Telephone Number: _____

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